Milk Sanitation Honor Roll for 1963-65

Thirty-four communities have been added to the Public Health Service milk sanitation "honor roll" and 25 communities on the previous list have been dropped. This revision covers the period from July 1, 1963, to June 30, 1965, and includes a total of 202 cities and 131 counties.

Communities on the honor roll have complied substantially with the various items of sanitation contained in the milk ordinance recommended by the Public Health Service. The State milk sanitation authorities concerned report this compliance to the Service. The rating of 90 percent or more, which is necessary for inclusion on the list, is computed from the weighted average of the percentages of compliance. Separate lists are compiled for communities in which all market milk sold is pasteurized, and for those in which both raw milk and pasteurized milk are sold.

The recommended milk ordinance, on which the milk sanitation ratings are based, is now in effect through voluntary adoption in 520 counties and 1,436 municipalities. The ordinance also serves as the basis for law or regulations of 38 States.

The ratings do not represent a complete measure of safety, but they do indicate how closely a community's milk supply conforms with the standards for grade A milk as stated in the recommended ordinance. High-grade pasteurized milk is safer than high-grade raw milk because of the added protection of pasteurization. The second list, therefore, shows the percentage of pasteurized milk sold in a community which also permits the sale of raw milk.

Although semiannual publication of the list is intended to encourage communities operating under the recommended ordinance to attain and maintain a high level of enforcement of its provisions, no comparison is intended with communities operating under other milk ordinances. Some communities might be deserving of inclusion, but they cannot be listed because no arrangements have been made for determination of their ratings by the State milk sanitation authority concerned. In other instances, the ratings which were submitted have lapsed because they are more than 2 years old. Still other communities, some of which may have high-grade milk supplies, have indicated no desire for rating or inclusion on this list.

This compilation is from the Milk and Food Branch, Division of Environmental Engineering and Food Protection, Public Health Service. The previous listing was published in Public Health Reports, March 1965, pp. 276–278. The rating method is described in PHS Publication No. 678 (Methods of Making Sanitation Ratings of Milksheds).

The rules for inclusion of a community on the honor roll are:

1. All ratings must be determined by the State milk sanitation authority in accordance with the Public Health Service rating method, which is based upon the grade A pasteurized milk and the grade A raw milk requirements of the Public Health Service recommended milk ordinance.

2. No community will be included on the list unless both its pasteurized milk and its retail raw milk ratings are 90 percent or more. Communities in which only raw milk is sold will be included if the retail raw milk rating is 90 percent or more.

3. The rating used will be the latest submitted to the Public Health Service, but no rating will be used which is more than 2 years old. (In order to promote continuous rigid enforcement rather than occasional "clean-up campaigns," it is suggested that, when the rating of a community on the list falls below 90 percent, no resurvey be made for at least 6 months. This will result in the removal of the community from the subsequent semiannual list.)

4. No community will be included on the list whose milk supply is not under an established program of official routine inspection and laboratory control provided by itself, the county, a milk-control district, or the State. (In the absence of such an official program, there can be no assurance that only milk from sources rating 90 percent or more will be used continuously.)

5 The Public Health Service will make occasional check surveys of cities for which ratings of 90 percent or more have been reported by the State. (If the check rating is less than 90 percent, but not less than 85, the city will be removed from the 90 percent list after 6 months unless a resurvey submitted by the State during this probationary period shows a rating of 90 percent or more. If the check rating is less than 85 percent, the city will be removed from the list immediately. If the check rating is 90 percent or more, the city will be retained on the list for 2 years from the date of the check survey, unless a subsequent rating during this period warrants its removal.)

Communities Awarded Milk Sanitation Ratings of 90 Percent or More, July 1963–June 1965

100 PERCENT OF MARKET MILK PASTEURIZED

Alabama

Montgomery — 11-19-64

Arizona

Maricopa County — 2-27-64

Arkansas

Little Rock — 11- 5-63

Colorado

Boulder County — 12- 8-64
Delta-Montrose County — 3-12-65
Denver — 11- 5-64
El Paso County — 9-17-64
Mesa County — 2-18-65
Northeast District — 10- 1-64
  Logan County
  Morgan County
  Phillips County
  Sedgwick County
  Yuma County
Pueblo-Pueblo County — 3-24-65
San Juan Basin — 9-20-63
  Archuleta County
  Dolores County
  La Plata County
Weld County — 10-23-64

Georgia

Albany — 1-29-65
Athens — 6- 5-64
Atlanta-Fulton County — 11-23-64
Augusta — 4- 2-65
Cairo — 12- 3-64
Columbus — 11- 6-64
Dalton-Whitfield County — 4-13-65
Douglas — 3- 3-65
Fitzgerald — 3-27-64
Macon — 10-30-64
Newnan — 10-13-64
Quitman — 12- 1-64
Rome-Floyd County — 7- 8-63
Savannah — 12-18-64
Statesboro — 10-30-64
Thomasville — 10-16-64
Valdosta — 5-15-65
Washington — 1-22-65
Waycross — 10- 2-64

Kentucky

Bardstown-Nelson County — 5- 4-64
Bowling Green-Warren County — 9-16-64
Boyle County — 4-12-65
Brandenburg — 11-19-64
Campbellsville-Taylor County — 11-30-64
Corbin — 7- 2-64
Covington-Kenton County — 8-26-63
Fulton-Fulton County — 10-26-64
Glasgow — 10-26-64
Harlan — 7-20-64
Henderson-Henderson County — 11-23-64
Hopkinsville-Christian County — 4-26-65
Lebanon-Marion County — 9- 3-64
Louisville-Jefferson County — 3-29-65

Kentucky—Continued

Madisonville — 5-11-64
Mayfield-Graves County — 4-12-65
Maysville-Mason County — 10-21-64
McCracken County — 4-13-65
Monticello-Wayne County — 10- 7-63
Morehead-Rowan County — 7-10-63
Murray-Calloway County — 4-26-65
Newport-Campbell County — 11-16-64
Owensboro-Daviess County — 10-22-63
Richmond-Madison County — 10-19-64
Russellville-Logan County — 3- 1-65
Somerset-Pulaski County — 8- 5-64
Williamsburg — 7- 2-64

Mississippi

Biloxi — 8-27-63
Brookhaven — 11 -5-63
Cleveland — 7- 7-64
Columbia — 11-23-64
Columbus — 4- 9-64
Greenville — 7 -8-64
Greenwood — 2-26-64
Grenada — 9-20-63
Gulfport — 1-16-64
Hattiesburg — 1-22-64
Iuka — 5- 7-64
Jackson — 1-12-65
Kosciusko — 4- 8-64
Laurel — 2-18-65
Lucedale — 2-17-65
McComb — 4-13-65
Meadville — 12-18-63
Meridian — 4-14-65
Oxford — 1-29-64
Picayune — 6-25-64
Starkville — 1-27-64
Tupelo — 7-15-64
Vicksburg — 3-31-64
West Point — 4- 7-64

Missouri

Cape Girardeau — 4-21-64
Kansas City — 7-20-64
St. Joseph — 7-16-63
St. Louis — 6- 3-64
St. Louis County — 3-17-64
Sikeston — 8-21-63
Springfield — 9-15-64

New Mexico

Albuquerque — 8- 7-64
Artesia — 8-26-64
Carlsbad — 8-25-64
Clovis — 8-14-64
Roswell — 8-26-64
San Juan County — 7-15-64

North Carolina

Alamance County — 11- 8-63
Alexander County — 1- 3-64
Alleghany County — 1-12-65
Anson County — 1-12-65
Ashe County — 1-12-65
Avery County — 1-11-65
Beaufort County — 8-18-64

North Carolina—Continued

Bertie County — 5- 5-65
Brunswick County — 3- 3-65
Buncombe County — 3-17-65
Cabarrus County — 2-27-64
Caldwell County — 11-19-63
Camden County — 12- 4-63
Carteret County — 12- 6-63
Catawba County — 1- 3-64
Chowan County — 12- 4-63
Cleveland County — 3-18-64
Craven County — 5- 4-64
Cumberland County — 1- 6-65
Currituck County — 8- 7-64
Dare County — 4- 7-65
Davidson County — 8-27-64
Durham County — 6-26-64
Edgecombe County — 6-24-64
Forsyth County — 2-17-65
Gaston County — 5- 6-65
Gates County — 12- 3-63
Guilford County — 4-10-64
Harnett County — 4-23-64
Haywood County — 11-12-64
Henderson County — 2-11-64
Hertford County — 12- 3-63
Iredell County — 10-29-63
Johnston County — 12-12-63
Lenoir County — 3-26-64
Lincoln County — 1- 3-64
Madison County — 1-28-65
Martin County — 5- 5-65
Mecklenburg County — 6-17-64
Mitchell County — 4-16-65
Montgomery County — 3-12-65
Moore County — 12- 6-63
Nash County — 8- 5-64
New Hanover County — 12-15-64
Northampton County — 6- 2-65
Onslow County — 9-16-64
Pamlico County — 9-16-64
Pasquotank County — 12- 4-63
Pender County — 12- 2-63
Perquimans County — 12- 4-63
Pitt County — 5- 3-65
Randolph County — 10-10-63
Richmond County — 5-20-65
Robeson County — 2-17-65
Rockingham County — 11-16-64
Rocky Mount — 11- 5-64
Rowan County — 3-16-64
Sampson County — 2-11-64
Scotland County — 2-18-65
Stokes County — 10- 1-63
Tyrrell County — 4- 8-65
Union County — 5-20-64
Vance County — 12-11-63
Wake County — 6-12-64
Warren County — 5-19-65
Washington County — 4- 8-65
Watauga County — 1-12-65
Wayne County — 2-11-65
Wilkes County — 10- 1-63
Wilson County — 7-10-64
Yancey County — 4-16-65

Communities Awarded Milk Sanitation Ratings of 90 Percent or More, July 1963–June 1965—Continued

100 PERCENT OF MARKET MILK PASTEURIZED—Continued

Oklahoma

Elk City	4–21–65
Enid	5– 6–64
Lawton	11–24–64
Mangum	10–28–64
Oklahoma City	5–21–64
Ponca City	9– 3–64
Shawnee	2–12–64
Stillwater	3–29–65
Tahlequah	1–13–64
Tulsa	12–16–64

Tennessee

Athens	11–19–63
Bradley County	6–2 –64
Brownsville	11–20–64
Chattanooga-Hamilton County	6– 2–64
Clarksville	2–17–64
Clinton	6–16–64
Coffee County	12– 9–63
Cookeville	6–19–64
Covington	8–26–64
Elizabethton-Carter County	9–30–64
Erwin	4– 1–65
Fayetteville-Lincoln County	6–29–64
Giles County	7–16–63
Greenville	5–18–65
Huntingdon	11–12–64
Knoxville-Knox County	7–23–64
Lebanon	6– 1–64
Lexington	2– 3–65
Loudon County	11–12–64
McMinn County	6– 2–64
McMinnville-Warren County	7– 6–64
Maury County	10–12–64
Meigs County	6– 2–64
Memphis	5–18–64
Monroe County	6– 2–64
Moore County	9–17–64
Mountain City	9–30–64
Murfreesboro	5–17–65
Nashville-Davidson County	10–21–63
Paris	11–23–64
Polk County	6– 2–64
Roane County	11–19–64
Springfield	2– 3–64
Sullivan County (Bristol and Kingsport)	10–15–63

Virginia

Charlottesville	5– 6–64
Lynchburg	4–27–65
Norfolk	5–20–64
Portsmouth	5–12–64
Richmond	4–24–64
Roanoke	6–24–64

Washington

Bellingham	6–12–64
Spokane	5–15–64
Tacoma	7– 3–63
Walla Walla	8–27–64

Wisconsin

Beaver Dam	12– 3–64
Beloit	3–11–63
Clintonville	12–19–63
Fort Atkinson	6–25–64
Fond du Lac	6–30–64
Green Bay	10–10–63
Janesville	5– 5–65
Kaukauna	11–11–64
Kenosha	3–17–65
La Crosse	4–16–64
Little Chute-Kimberly	12–18–63
Madison	10– 2–64
Manitowoc	12–11–64
Milwaukee	7–29–64
Neenah-Menasha	7– 1–64
Oshkosh	12–16–64
Racine	8– 5–64
Ripon	12– 3–64
Sheboygan	4– 1–65
Stevens Point	12–10–63
Two Rivers	11–24–64
Waupun	12– 3–64
Wausau	4–24–64

Texas

Abilene	4– 7–65
Amarillo	5– 6–65
Brady	12– 6–63
Brenham	3– 6–64
Bryan	3–12–64
Burkburnett	10–11–63
College Station	3–12–64
Corpus Christi	4– 6–65
Dallas	9– 2–64
Donna	5– 4–64
Edinburg	5– 4–64
El Paso	3–25–64
Falfurrias	1–17–64
Galveston	7–31–63
Gonzales	7– 5–63
Grand Prairie	2– 9–65
Harlingen	1–17–64
Houston	7– 6–64
Jacksonville	3– 5–65
Kerrville	5–13–64
Kingsville	11–11–63
Lubbock	8–10–64
Lufkin	4–20–64
McAllen	5– 4–64

Texas—Continued

Midland	2–13–64
Nacogdoches	5– 5–64
New Braunfels	3– 6–64
Paris	3–30–64
Plainview	7–23–63
Port Arthur	8– 7–64
San Angelo	10–11–63
San Antonio	1– 8–65
San Benito	1–17–64
Texarkana	4–21–64
Tyler	1–27–65
Victoria	9– 4–63
Wichita Falls	10– 8–64

Utah

Logan	11–27–63
Ogden	11–27–63
Salt Lake City	11–27–63

BOTH RAW AND PASTEURIZED MARKET MILK [1]

Georgia

Moultrie (92.4)	7–12–63

Oklahoma

Norman (99.32)	6– 9–64

Oregon

Portland (99.9)	4–23–65

Texas

Austin (98)	10– 5–64
Fort Worth (99.98)	3– 9–65
Laredo (98.3)	12– 6–63
Marshall (98.9)	3–12–65
Waco (99.09)	4–20–64

Washington

Benton-Franklin Counties (93.3)	10– 7–64

[1] Figures in parentheses show the percentage of the milk pasteurized.

NOTE: In these communities the pasteurized market milk shows a 90 percent or more compliance with the grade A pasteurized milk requirements, and the raw market milk shows a 90 percent or more compliance with the grade A raw milk requirements, of the milk ordinance recommended by the U.S. Public Health Service.

Notice particularly the percentage of the milk pasteurized in the various communities listed. This percentage is an important factor to consider in estimating the safety of a city's milk supply. All milk should be pasteurized, whether commercially or at home, before it is consumed.

Program Notes

Child Protection Projects

Child protection plans in Casper, Wyo., Omaha, Nebr., and cities in a dozen other States have designated certain houses every block or so as refuges for children. Volunteers in these homes will rescue any child who becomes frightened, ill, or lost as he walks along the street. The most common rescues reportedly deal with lost children, small boys bitten by dogs, and small girls teased by bullies. The block homes, however, also protect children from adult molesters.

Mississippi Promotes Oral Cytology

All dentists in Mississippi who wish to use cytology in their practice may obtain free cytology kits from the State board of health. In cooperation with the Mississippi Dental Association, the board recently initiated an oral cytology program to aid in reducing disability and death from oral cancer. The board collects data about the findings on smears and on recommended biopsies. Followup is the same as in the State cancer control program.

D.C. Public Health Information

The District of Columbia Department of Public Health recently opened an information and referral center for all public health services in the District. The center handles mail, telephone, and personal inquiries. It provides information on types of services available, clinic hours and locations, eligibility and other legal requirements, and similar facts. All persons seeking health services of any kind are offered the assistance of a medical social worker.

Help for Multiproblem Families

Bonner County, in a strictly rural area of Idaho, is enlisting community resources to help a group of 50 to 75 isolated, multiple-problem families. Observations of school and court officials indicate that the approximately 150 children in these families are responsible for more than 80 percent of the delinquency, crime, and other serious emotional disorders in the community.

Through professional help and maximum use of well-organized citizens groups, the project seeks to modify these families' serious social and health deterioration. Project workers will try to "assist in altering public attitudes toward members of these families" by providing professional consultative services to teachers, school officials, court personnel, law enforcement agencies, and other community organizations. The effort is supported by a grant from the National Institute of Mental Health, Public Health Service.

Fewer Tuberculosis Hospitals

No more locally operated hospitals in New York State are set aside solely for the care of persons with tuberculosis. Eight locally operated hospitals, formerly only for the tuberculous, have opened sections for patients with chronic nontuberculous diseases of the chest. Only three State hospitals remain exclusively for care of the tuberculous; 9 years ago there were seven such State hospitals. Since 1937, 22 local tuberculosis hospitals in upstate New York have been discontinued.

Cervical Cancer Screening

Maryland women 30 to 45 years old are participating in a mass screening project with do-it-yourself kits to detect cancer of the cervix. Within a year 75,000, and within 3 years an estimated 330,000 women will receive free kits by mail for self-collection of vaginal specimens.

Sponsors of the project, the State health department and the Maryland Division of the American Cancer Society hope that it will save at least 100 of the 150 Maryland lives lost each year from cervical cancer. Trial runs since the fall of 1963 in 5 counties resulted in detection of 140 cases of cervical cancer.

The woman receiving a kit collects the necessary sample and mails it for laboratory analysis. The laboratory staff reports suspicious findings to the patient's private physician and to the health department.

Swimming in Reclaimed Water

The California State Department of Public Health will permit swimming in reclaimed water from a sewage treatment plant at Santee. The decision followed an extensive investigation of the biological, hydrological, chemical, bacteriological, and virological characteristics of the water quality.—*Environmental Health Letter (D.C.).*

Genetics Counseling

A cytogenetics laboratory to study reasons for congenital abnormalities has been set up at the Albany Medical Center with a $70,000 grant from the New York State Health Department. The laboratory provides physicians in the surrounding area with chromosome studies. This diagnostic service is part of a genetics counseling service set up earlier at the center.

80 Years by 1980

The Kansas State Department of Health introduced a new program in 1964 called 80 by 80. It is an organized effort to increase life expectancy to 80 happy, healthy years by 1980. Present life expectancy is about 72 years. Staff of the department believe the goal "is in the realm of possibility." They are trying to provide the public with the necessary know-how and also with the will to achieve the goal. For example, the lead article in the department's *Newsletter* for January 1965 was entitled "Problem Pounds Are Penalties—in trying to achieve 80 useful years by 1980."

Items for this page: Health departments, health agencies, and others are invited to share their program successes with others by contributing items for brief mention on this page. Flag them for "Program Notes" and address as indicated in masthead.

Federal Publications

Directory of State and Territorial Health Authorities. *PHS Publication No. 75; revised 1965; 104 pages; 35 cents.* Lists health department personnel of each State and Territory so as to reflect the organizational pattern of the department. Lists all State and Territorial health officers, showing title, headquarters address, area code, and telephone number of each health department. Includes similar information for State agencies other than health departments administering grant programs of the Public Health Service and the crippled children's grant program of the Children's Bureau.

Hospital Personnel. *PHS Publication No. 930–C–9; 1965; 123 pages; 75 cents.* Intended as a guide for administrative and supervisory personnel who are concerned with efficient hospital management, financial stability, and quality of patient care. Summarizes the findings of a research project conducted at St. Vincent's Hospital of New York City. Devotes a chapter to each of the following subjects: analysis of personnel turnover, wage and salary program, recruitment, selection, personnel training and management development, role of the supervisor, morale of nonsupervisory employees, and reducing status tensions of nurses' aides.

Hospital Electrical Facilities. *PHS Publication No. 930–D–16; 1965; 31 pages; 30 cents.* Presents guidelines on current practices and design procedures in hospital electrical systems. Discusses safety, convenience, efficiency, maintenance, and energy consumption of both normal and emergency electrical systems. Gives recommended lighting practices, with emphasis on quantity and quality of lighting needed in such critical areas as operating rooms and nurseries. Indicates that optimal lighting in nurseries may aid physicians in the detection of skin discolorations symptomatic of infant diseases. Also discusses radiation protection, selection of equipment, elevators, and the use of special installations.

A Comparative Study of 40 Nursing Homes, Their Design and Use. *PHS Publication No. 930–D–17; 1965; 26 pages; 25 cents.* Survey of 20 homes built with Federal aid under the Hill-Burton Hospital and Medical Facilities Program and 20 others built without such aid, all except 1 of which are proprietary. Represents all major geographic regions of the country. Considered are operating characteristics of the homes, nonclinical characteristics of patients, architectural design, construction and cost data, and a limited evaluation of the physical facilities in relation to the care provided.

Guidelines for Hospital Modernization. *PHS Publication No. 930–D–20; March 1965; by August Hoenack; 7 pages; 15 cents.* Reprinted from *The Modern Hospital.* Presents guidelines to assist hospital administrators in determining whether modernization of old facilities is economically feasible. Modernization funds are now available under the revised Hill-Burton program; therefore physical facilities will need evaluation before a decision is made to build or modernize. Also discusses architectural problems which may arise.

Therapeutic Guide for Pharmaceuticals in the Packaged Disaster Hospital. *PHS Publication No. 1071–C–1; 1965; 142 pages.*

A guide based on the 97 pharmaceutical items stocked in the Packaged Disaster Hospital (PDH) which include at least 1 drug from each important therapeutic class or category. Information is provided for each pharmaceutical item on category, action, uses, cautions, side effects, dosage, and similar preparations. Contains a cross-referenced index and two listings to aid in the administration of these drugs in an emergency; one is by therapeutic category giving the corresponding PDH pharmaceuticals and the other lists all pharmaceuticals in the PDH followed by the major therapeutic categories.

This guide was designed to acquaint physicians and selected allied health workers with the drugs in the PDH. It will be useful in training programs for health workers and as a reference text in the health professional schools of medicine, osteopathy, dentistry, veterinary medicine, nursing, and pharmacy.

Mental Health Research Findings, 1963. *PHS Publication No. 1136; 1965; 28 pages; 25 cents.* Incorporates information obtained from the four principal areas of mental health research—biological factors, developmental disorders, diagnosis and treatment, and sociocultural problems. Discusses the genetics of behavior, psychosomatic illnesses, the biochemistry of mental illness, psychopharmacology, and progress in understanding and treating alcoholism and drug addiction. Gives new knowledge of the structure and functions of the brain. Presents studies of child development, from the mother's influence on her infant to the origin of occupational interests, together with reports on sources of aggression in delinquents and effective ways of treating adolescent delinquents. Covers the effects of aging on intellectual and emotional functioning.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared with Federal support.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington, D.C., 20201.

The Public Health Service does not supply publications other than its own.

PHR SYNOPSES

WALLER, JULIAN A. (California State Department of Public Health): *Ambulance services: Transportation or medical care. Public Health Reports, Vol. 80, October 1965, pp. 847–853.*

Ambulance service frequently is the first phase of the medical care sequence and therefore must be considered as a bona fide area of medical care. Such services currently are provided through a variety of ownership patterns including voluntary, private, and government operation. Approximately 15 percent of the ambulance organizations in California are run by a unit of government. The actual operation may be under the direction of the police or fire department, the health department, or the city or county hospital.

Many ambulance programs, particularly in the more rural areas, are beset by problems of inadequate finances, inadequately trained personnel, and rapid personnel turnover because of low salaries. These are being mitigated to some degree through the development of advanced training programs and through subscription and insurance programs, voluntary community assessments, and government subsidies. It has been estimated that communities underwriting ambulance services spend approximately $3,000 to $5,000 yearly per ambulance. The minimum yearly cost to cities or counties that own and operate ambulances is $20,000 to $25,000 per ambulance.

Currently, little is known about the people who use ambulances or about existing procedures from the moment a person is found to need care until he arrives at the hospital. Only eight States—California, Illinois, Louisiana, Massachusetts, Nevada, Oregon, Texas, and Virginia—regulate the quality of ambulance personnel and equipment. Public health agencies, safety groups, and the medical profession now have begun to share concern about the quantity and quality of ambulance care, resulting during the past 5 years in several research projects, improved training, and a model ambulance ordinance.

CHIAZZE, LEONARD, Jr. (Public Health Service): *Trends in cancer incidence in Allegheny County, Pa. Public Health Reports, Vol. 80, October 1965, pp. 885–890.*

Relatively few striking changes were observed in the cancer-incidence rates for specific primary sites among either men or women in Allegheny County, Pa., from 1947 to 1957–58. The following changes are of particular interest:

A decline in the incidence rates for cancer of the stomach among both men (32 to 21 per 100,000) and women (19 to 12 per 100,000).

A decline in the incidence rates for cancer of the uterine cervix (31 to 20 per 100,000) and for cancer of the corpus and other uterus (24 to 22 per 100,000).

An increase in the incidence rate (25 to 42 per 100,000) for lung cancer among men.

An increase in the incidence rate (62 to 66 per 100,000) for breast cancer among women.

Shifts observed in the incidence of cancer in Allegheny County are generally consistent with those reported for New York State, both in magnitude and direction. Relatively little change occurred in incidence except for the sites mentioned. There are some encouraging aspects, particularly the decline in stomach cancer for both men and women and the drop in incidence rates for uterine cancer. However, the total decrease in incidence of cancer among women for all sites combined was relatively small. The incidence of lung cancer among men would appear to be a problem of increasing magnitude. The search for factors associated with site-specific changes in the incidence of cancer will continue to provide direction for further study.

PHR SYNOPSES

BOCOBO, FLORANTE C. (University of Michigan), EADIE, GORDON A., and MIEDLER, LEO J.: *Epidemiologic study of tinea capitis caused by T. tonsurans and M. audouinii. Public Health Reports, Vol. 80, October 1965, pp. 891–898.*

An outbreak of *Trichophyton tonsurans* infection among tinea capitis patients seen at the ringworm clinic of the Wayne County Health Center, Eloise, Mich., during 1959–60, led to the observation that most of the patients were students from Inkster, Mich. To determine the extent of the outbreak, casefinding surveys were undertaken from 1960 to 1962 among schools in Inkster, families of infected children, and patients referred to the ringworm clinic from areas outside Inkster.

The surveys detected 434 children with tinea capitis. The causative fungi, proved by culture, were: *Microsporum audouinii* in 278 (64.1 percent); *T. tonsurans*, 142 (32.7 percent); *Microsporum canis*, 8 (1.8 percent); and *Trichophyton violaceum*, 6 (1.4 percent).

The high incidence of *T. tonsurans* infection in an area not previously known to be endemic for this fungus indicated that it had spread from known endemic centers. The simultaneous appearance of *M. audouinii* and *T. tonsurans* infections in the same population segment, with similar sex, age, and domiciliary distributions, suggested similar epidemiologic factors in their spread.

Of the 278 children with positive cultures for *M. audouinii*, 115 were negative by Wood's light examination. The existence of this nonfluorescent type of *M. audouinii* infection and the increasing incidence of *T. tonsurans* infection lead to the conclusion that culture techniques are imperative in the diagnosis of tinea capitis.

JOHNSON, R. H., Jr. (Public Health Service), and REAVEY, T. C.: *Field sampling of iodine 131 in milk with ion exchange cartridges. Preliminary evaluation. Public Health Reports, Vol. 80, October 1965, pp. 919–924.*

The October 1964 atmospheric nuclear test on the Chinese mainland provided an opportunity to field test anion exchange resin cartridges for the collection of iodine 131 from milk. It also permitted a field test of thimerosal as a preservative for fluid milk samples being shipped to the laboratory for later analysis.

The study was conducted during the first week of November 1964 in Burlington, Vt., an area known to contain iodine 131 from fallout. Milk samples were collected at processing plants and were passed through the ion exchange cartridges in the field and in the laboratory. The cartridges were counted to determine the iodine 131 content. To test thimerosal, a portion of another series of samples was preserved and the whole series was passed through the cartridges. To investigate the feasibility of using the cartridges in a more detailed study involving a large number of samples, milk was tested from 36 dairy cows which had recently grazed on open pasture.

The data obtained from the field and laboratory processing agreed within the counting error and showed that iodine 131 could be readily separated from fluid milk samples in the field by use of the cartridges. In addition the data obtained from the samples, which were processed with and without preservative, agreed closely; the correlation coefficient was 0.90. This indicated that thimerosal was an effective preservative for milk and did not interfere with the retention of iodine 131 on the ion exchange resin.

Since the use of this ion exchange cartridge is a simple, quick, low cost, field technique for collecting iodine 131, the authors suggest that it should be seriously considered by public health personnel engaged in environmental radiation surveillance programs.